

South Carolina State Library

**Library cards are issued to permanent state government employees.
Application For Library Card**

Title:

Full Name:(first) (m.i.) (last) (suffix)

State Agency:

Division:

Is your agency on interagency mail service? If yes, please enter agency street address
and/or building name and room number in agency address below. If not, enter correct mailing address.

Agency Address:

City: County:

State: Zip Code:

Work Phone Number: ext: Fax Number:

Work email address:

Home Address:

City: County:

State: Zip Code:

Home Phone Number:

Home Email Address:

Today's Date:

I agree to be responsible for all library materials selected and borrowed with this card. I also agree to be responsible for all fines assessed for any damage to or loss of materials which were borrowed with this card.

Signature:_____

Please return completed form to the South Carolina State Library, POB 11469, 1500 Senate Street,
Columbia, SC, 29211 OR **fax** it to **(803)-734-4757**.

Staff Use Only: Expiration Date:_____ Initials:_____ 8/98